Healthier People. Health Care Value.

To:	**Kitty Rhoades, Department of Health Services Secretary**
	John Toussaint, Chairman State Value Committee
From:	**Julie Bartels, State Health Innovation Plan**
Date:	**April 25, 2015**
Re:	**State Health Innovation Plan Progress Report**

Summary: Enough with the project planning and organizing, this month we moved on to 'doing'! The transformation planning work started in earnest with face to face work group meetings being held throughout the state for Population Health, Behavioral Health, Care Redesign, Health Information Technology (HIT), Transformation Measurement and Payment Model workgroups.

Key Accomplishments since last report:

1. Workgroup and Advisory Panel staffing is complete and meetings scheduled through January 2016.
2. Focus populations have been determined:
   - Behavioral Health : Adult (18-64) Depression with Diabetes
   - Population Health: Adult (18-64) Diabetics with Hypertension
   - Care Redesign: Adult (18-64) Diabetics with Hypertension
   (Note that these are the first set of populations being tested through the transformation planning model. Additional and more complex populations will be prioritized and run through the model in future planning cycles.)
3. Individual Workgroup process plans have been created to identify key deliverables and timelines. Point of exchange and dependency are noted to assure we are considering payment models, HIT and measurement throughout the process, rather than as add-ons at the end of the project.
4. Work Flow guides and communication tools have been created and are in use
5. Discussions with abouthealth and Integrated Health Network (IHN) on alignment with SHIP priority populations and partnering opportunities are in motion

Priorities and Deliverables for the current month:

In the coming month, all teams will engage in Fact Finding (Phase 2 of Transformation Planning)

- Population Health, Care Redesign and Behavioral Health Workgroups will document current state of health and health care of selected populations. This includes an inventory of relevant existing initiatives.
- HIT will conduct environmental scan/survey and one on one interviews with 'W' organizations to capture current state of HIT maturity and data capabilities.
- Measurement Team building inventory of current measures for selected populations and defining attributes of community measures (one of which is clear line of sight between the community goals to SVC goals and the Triple Aim).
- Payment models team is documenting value based payment models in operation and defining the desired attributes of value driven payment models for future reference.

Anticipated Obstacles/Challenges:

1. Maintaining engagement of all workgroup and advisory panel participants – lots (lots!) of volunteer's schedules to coordinate and communicate with.

2. Aligning efforts/timing of interaction/outputs among transformation teams (Population Health, Behavioral Health and Care Redesign) and enabling teams (Payment Models, Transformation Measurement and Health Information Technology) for optimal impact

3. Proceeding through the initial cycle of the Transformation Planning Process on schedule (conclude by end of September) to learn from and improve the process for the subsequent cycles. We need to complete the first cycle in order to realistically build a full transformation plan that would include high cost/high variation populations that will have greatest financial/resource use/patient centered outcomes improvement impact. The full transformation plan is what must be submitted to SVC and CMMI at the end of the project period.

4. Building and securing broad based support of the SHIP Transformation Plan so that letters of support and commitment to implement are a natural next step in the process.

Other items of note:

1. Information/Analytic requirements of the project teams is significant and access and capacity of the support staff to meet this need is limited. We do not have the option of slowing down the pace of the workgroup planning process to allow analysts more time to gather and present exhaustive information. The implication is that we'll need to work with incomplete information. This situation is a real life scenario that will always be present in transformation work. We'll acknowledge this limiting circumstance in our final plan.

cc.   SVC Leadership Council